

ZACHARY COMMUNITY SCHOOLS

PARENT/LEGAL GUARDIAN GRANTOR OR PERMISSION FOR STUDENT PARTICIPATION

1. TO BE COMPLETED BY THE STAFF.

DESCRIPTION OF ACTIVITY:

DATE: FROM

TO:

2. I DO HEREBY GRANT PERMISSION FOR THE FOLLOWING STUDENT TO ATTEND AND PARTICIPATE IN THE DESCRIBED ACTIVITY.

STUDENT NAME (please print)	SS# of STUDENT	
PARENT OR LEGAL GUARDIAN NAME (please print)	SIGNATURE OF PARENT OR LEGAL GUARDIAN	

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AUTHORIZATION TO PROVIDE MEDICAL TREATMENT

THE SCHOOL OR ITS REPRESENTATIVE ARE AUTHORIZED TO RENDER NECESSARY MEDICAL TREATMENT TO THE STUDENTS LISTED ABOVE RELATIVE TO ANY INJURY SUSTAINED IN THE COURSE OF THE ABOVE ACTIVITY.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

TO BE COMPLETED BY PHYSICIAN IN THE EVENT OF INJURY

4

DATE OF INJURY: _____

INITIAL DIAGNOSIS: _____

SIGNATURE OF PHYSICIAN OR
LEGAL GUARDIAN

DATE

NAME AND ADDRESS AND PHONE NUMBER OF MEDICAL FACILITY (Please Print Neatly)
